

JAMES E. RISCH – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

October 25, 2006

Theresa Pendleton, Administrator Desano Place Suites 545 Nevada St Gooding, ID 83330

License #: RC-819

Dear Ms. Pendleton:

On September 21, 2006, a state licensure survey was conducted at Desano Place Suites. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact John Wingate, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

JOHN WINGATE, RN

Team Leader

Health Facility Surveyor

Residential Community Care Program

JW/slc

c:

Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program

JAMES E. RISCH – Governor RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

September 29, 2006

Theresa Pendleton, Administrator Desano Place Suites 545 Nevada St Gooding, ID 83330

Dear Ms. Pendleton:

On September 21, 2006, a State Licensure survey was conducted at Desano Place Suites. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 21, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely.

JAMIE SIMPSON, MBA, QMRP

Supervisor

Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

NAME OF PROVIDER OR SUPPLIER DESANO PLACE SUITES STREET ADDRESS, CITY, STATE, ZIP CODE \$45 NEVADA ST GOODING, ID 83330 PRINTS CACH DEFICIENCY MUST BE PRECEDED BY FULL PRINTS TAG REGULATORY OR LSC IDENTIFYING INFORMATION) ROOD Initial Comments R 000 Initial Comments The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard health survey were: John W. Wingate, RN Team Coordinator Health Facility Surveyor Rebecca Winter, RN Health Facility Surveyor Rebecca Winter, RN Health Facility Surveyor	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE : COMPL	(X3) DATE SURVEY COMPLETED	
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Bureau of Facility Standards TITLE (X6) DATE	Bureau of Fa	cility Standards							

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING Non-Core Issues Punch List

Eacility N	lame 🔼 :	Physical Address Phone Number				
1)0	Saus Mau	Scrites of Cooling 545 Nayoda Street 286-	7665			
Administr	rator \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	icity 2.14 Code				
7/5	eam Leader	Survey Type Survey Date	0			
Survey T	eam Leader					
GA CO	skar (West	RN Stanlard 9-21	-D6			
NON-	CORE ISSUES					
ITEM #	RULE#	DESCRIPTION DESCRIPTION	DATE RESOLVED			
#1	16 0322 305.01	The Bionsed Protessional Nuise did not conduct a nuising assessment on therapies in transfer Rail.	10-10-06			
	10.32.10	nulsing assessment on therapies in transfer Rail) WRV			
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Response Required Date Signature of Facility Representative						
10.	-21-06	X Sherwa College (Ctor Pr)				